MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10 1 58547?	7-7-06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		2						52						
3		2						53						
4		2						54						
5		8						55						
6		8						56						
7		0						57						
8		8						58						
9		8						59						
10		0						60						
11	1		1					61						
12		1		1				62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			2											
TOTAL DEP.			10											
TOTAL CLAIMS			12											